Lodi Transit Survey Form - Grapeline

Lodi Transit is conducting a survey that will be used to evaluate and help improve transit services. You can help us by answering the questions below and returning the form to the surveyor as you leave the bus. **Thank You!**

1. What time did you board this bus?
   _____ ☐ AM ☐ PM

2. Where did you just come from?
   Name of bus stop: _____
   Street: _____
   Cross Street: _____

3. What is the location of where you just came from?
   ☐ School   ☐ Work
   ☐ Shopping   ☐ Medical / Dental
   ☐ Recreation / Social   ☐ Home
   ☐ Personal Business
   ☐ Other _____

4. How did you get to this bus?
   ☐ Transferred from RTD (Route #_____)
   ☐ Walked   ☐ Bicycled
   ☐ Drove Alone   ☐ Was Dropped Off
   ☐ Other (explain) _____

5. After you get off this bus, how will you complete your trip?
   ☐ Transfer to RTD (Route # _____)
   ☐ Walk   ☐ Drive Alone
   ☐ Bicycle   ☐ Get a Ride
   ☐ Other (explain) _____

6. Where are you going now?
   ☐ School   ☐ Work
   ☐ Shopping   ☐ Home
   ☐ Recreation   ☐ Medical / Dental
   ☐ Personal Business
   ☐ Other _____

7. What is the location of where you are going now?
   Major Cross Street: _____ & _____
   Description: _____

8. How often do you ride the bus?
   ☐ Daily   ☐ 1-4 days/mo.
   ☐ 2-4 days/week   ☐ Less than 1 day/mo.
   ☐ 1 day/week   ☐ First Time

9. Do you use other area transit services? If so, which ones?
   ☐ RTD Route _____   ☐ DAR / VineLine
   ☐ Other_____   ☐ SCT/Link

10. Was there a vehicle that you could have used for this trip instead of the bus? ☐ Yes ☐ No

11. How would you make this trip if Lodi Transit was not available?
    ☐ Ride with someone else ☐ Drive my car
    ☐ Taxi   ☐ Walk   ☐ Bike
    ☐ Wouldn't make trip   ☐ Other _____

12. Do you have a driver's license? Yes   No

13. Do you require a wheelchair lift to board or exit the bus? ☐ Yes   ☐ No

14. What is your age?
    ☐ 12 or younger   ☐ 13 – 18   ☐ 19 – 24
    ☐ 25 – 61   ☐ 62 – 74   ☐ 75 or older

15. Please indicate your opinion of Lodi Transit service from 1 to 5, using the list below (please circle your answer or leave blank if you have no opinion).

	Poor				Excellent
a. Service frequency	1	2	3	4	5
b. On time performance	1	2	3	4	5
c. Fares	1	2	3	4	5
d. Comfort of ride	1	2	3	4	5
e. Driver courtesy	1	2	3	4	5
f. System safety	1	2	3	4	5
g. Convenience of bus stops	1	2	3	4	5
h. Bus cleanliness	1	2	3	4	5
i. Bus stops and shelters	1	2	3	4	5

16. How do you rate Lodi Transit services overall?
    ☐ Poor   ☐ Fair   ☐ Good   ☐ Excellent

17. Would you like to see later service? ☐ Yes   ☐ No   If yes, what times? _____

18. Would you like to see service on more days? ☐ Yes   ☐ No   If yes, what days? _____

19. Other comments: _____

Please return to City of Lodi Transit by June 26, 2013.